



RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the Cash Aid and Food Stamp Programs, and/or Medi-Cal/34-County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, food stamps, and/or Medi-Cal/34-County CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes California Work Opportunity and Responsibility to Kids (CalWORKs) and Refugee Cash Assistance (RCA).

Medi-Cal/34-County CMSP includes Full Medi-Cal/34-County CMSP benefits and Restricted Medi-Cal/34-County CMSP emergency and pregnancy related care only.

YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

State Civil Rights Bureau
744 P Street, MS 15-70
P.O. Box 944243
Sacramento, CA 94244-2430

or by calling toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.

2. To get help applying for or continuing to receive cash aid, benefits and services if you have a disability. If you need help because of a disability, tell the county.
3. To ask for help to complete your application for any other cash aid, food stamp, or Medi-Cal/34-County CMSP form.
4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/34-County CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for food stamps.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting food stamps right away. If we think you might be eligible to get them right away, you will get an interview immediately and get food stamps within three days.
10. To get Medi-Cal/34-County CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal/34-County CMSP.
14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal.
15. To ask to have your Food Stamp I.D. or Medi-Cal Benefits Identification Card (BIC), or EBT card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.
16. To ask for extra money if your income drops or stops (cash aid only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).
18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (cash aid only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or food stamps and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, food stamps and Medi-Cal.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 21 above.
24. To appeal all 34-County CMSP eligibility issues, you can **only write** to your county.
25. To be represented at a State hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that each member applying for cash aid and food stamps is a U.S. citizen, U.S. national or has lawful immigration status. Information you give us on immigration status will be checked with the U.S. Citizenship and Immigration Services (USCIS). Information we get from USCIS may affect your eligibility. (Manual of Policies and Procedures Section 42-433).

If you want Medi-Cal/34-County CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are a noncitizen with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or a noncitizen permanently residing under color of law (PRUCOL), your immigration status will be checked with the USCIS. The information the USCIS receives to verify the immigration status of the applicant can only be used to determine Medi-Cal/34-County CMSP eligibility, and cannot be used for immigration enforcement unless you are committing fraud.

Fingerprint/Photo Imaging

All eligible adult household members for cash aid and/or food stamps must be fingerprint/photo imaged. If anyone who is required to cooperate with these rules does not get fingerprint/photo imaged, no benefits will be issued to the entire household. (Manual of Policies and Procedures Section 40-105.3).

The fingerprint/photo images are confidential and can only be used to prevent or prosecute welfare fraud.

Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, food stamp and Medi-Cal/34-County CMSP may result in repayment of benefits and/or criminal or civil action.

Cash Aid and Food Stamps: You must give us the SSN for each applicant or recipient of cash aid and/or food stamps. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or food stamps. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it. (Manual of Policies and Procedures Section 40-105.2).

Each applicant for Medi-Cal/34-County CMSP, who says he/she is a U.S. citizen, a U.S. national, LPR in the U.S., an amnesty alien with a valid and current I-688, or PRUCOL, will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any noncitizen who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/34-County CMSP if he/she meets all eligibility rules, including California residency.

Verification(s)

To give proof to support your eligibility. If you can't get proof, you will need to give the name of some other person or agency we may contact to get the proof. We will help you get proof when you can't get it. (Manual of Policies and Procedures Sections 40-105.1; 40-157.212; 40-157.213)

Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at an arranged time to check out your facts, including seeing each family member. You may not get benefits or your benefits may be stopped if you don't cooperate.

CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

Child/Spousal and Medical Support

To cooperate with the county and the Local Child Support Agency to:

- identify and locate any absent parent in your case;
- tell the county or the Local Child Support Agency anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- give the Local Child Support Agency any medical support money and, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

Your cash aid will be lowered if you don't cooperate. (Manual of Policies and Procedures Sections 40-157.212; 40-157.213).

MEDI-CAL

Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away** (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To retain any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/34-County CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

YOUR REPORTING RESPONSIBILITIES

You must report certain information to the county. If you're not sure how to report, what to report, or what proof we need, ask your worker. If you get food stamps, your worker will tell you if you are a quarterly or change reporting household. If you get Medi-Cal/34-County CMSP, the county will tell you when you must report. (Manual of Policies and Procedures Section 40-181).

HOW YOU MUST REPORT

For Cash Aid and Food Stamp Quarterly Reporting, you must turn in a Quarterly Eligibility Report (QR 7) by the fifth day of the month following your report months and report all required changes to the County within 10 days.

For Food Stamp Change Reporting, you must report all changes within 10 days:

- by mail, telephone, or in person at the County Food Stamp office; OR
- on a DFA 377.5, Food Stamp Household Change Report

For Medi-Cal, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

WHEN YOU MUST REPORT

For Cash Aid and Food Stamp Quarterly Reporting

Quarterly reporting rules say that you must report things at certain times. You will be assigned a "report month" for each quarter (three month period). This will be the second month of each quarter. For example, if your quarter is January, February and March, February would be your "report month" and your report would be due by the 5th day of March. The report is always due by the 5th day of the month following your "report month" and will be considered late if not received by the 11th day of the month. If your Quarterly Eligibility Report (QR 7) is late you will have to pay back any Cash Aid or Food Stamps that you were not supposed to get. You will have to report gross income, changes in the number of people in your household, property bought or sold by people in your household and other information for that report month as well as any changes in your gross income that you expect to happen in the next quarter. If you do not turn in a completed Quarterly Eligibility Report (QR 7) by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped.

What you must report on the Quarterly Report:

1. **Earned Income:** All gross earned income received by you or anyone in your household in the report month. This includes wages; tips; vacation pay; cash bonuses; money from self employment or from a training program; also any income in kind in exchange for work, such as free rent, clothing or food.

2. **Unearned or Disability Based Income:** All other income received by you or anyone in your household in the report month. This includes Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity, veterans or railroad retirement, or other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or any other type of money received.
3. You must also report on your Quarterly Report any changes in income that you expect to happen during the next quarter. This includes earned, unearned and disability based income changes.
4. **Property:** Any property including, motor vehicles; bank accounts; savings bonds; insurance policies; a home or land; trust; EBT cash balance, etc. that you or anyone in your household has received since your last Quarterly Report and still has, whether it was bought, obtained through a trade or as a gift. The county will use this information to determine if your household exceeds the property limit. You must also report if you or anyone sold, traded or gave away any property since your last Quarterly Report.
5. **If You Move or Someone Moves Into or Out of Your Home:** Anyone (including newborns) who moved into your home since your last Quarterly Report and is still there. You must also report anyone who moved out of your home or who has died since your last Quarterly Report.
6. **Convicted Drug Felons, Fleeing Felons and Probation/ Parole Violators:** The name of anyone in your household who is either avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole. You must also report any household member who has been convicted of a drug felony for possession, use, manufacturing sale or distribution, of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in these activities. For food stamps you must report felonies since August 22, 1996 and for Cash Aid list convictions that happened after January 1, 1998.
7. **Reduced Hours of Work:** If you are an Able-Bodied Adult Without Dependents (ABAWD), you must report when your hours of work drop below 20 hours a week or 80 hours a month. You must also report if you expect your work hours to drop below these limits during the next three months.

For Medi-Cal/34-County CMSP, you must report when:

1. Anyone enters or leaves a nursing home or long term care facility.
2. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
3. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

For Non-Assistance Food Stamps Quarterly Reporting

If you only get Food Stamps you must report when:

1. Anyone in the household moves to another address, plans to move or gets a new mailing address.
2. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

For CalWORKs you must report certain changes at other times:

In certain circumstances you will be required to report things (within ten days of the change) even if it is not your "report month" such as:

1. Anytime that your family's combined gross income (both earned and unearned) is more than the Income Reporting Threshold (IRT) for a family of your size. Your county worker will tell you the IRT limit for a family of your size. If your family only gets unearned income or only gets Food Stamps, you will only be required to report income on your Quarterly Eligibility Report (QR 7).
2. Anytime that someone in your household is convicted of a drug related felony, becomes a fleeing felon or is in violation of probation or parole.
3. Anytime you move you must report your address change so that the County will know where to send your benefits, Quarterly Report forms and notices.

Reporting information voluntarily for CalWORKs and Food Stamps Quarterly Reporting:

You may also report other information voluntarily even when it is not your "report month." Reporting information voluntarily may cause your household's benefits to go up. If the information reported causes your benefits to go up, the county will take action within ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the County will take action to increase benefits the first of the month after you provide verification. Even if you have already reported something to the County, you must also report it on your next Quarterly Report (QR 7).

Some examples of voluntary reporting that may cause your benefits to go up include:

- Your income stops or drops.
- Someone who has little or no income moves into your home (including a newborn).
- Someone who has income moves out of your home.
- You believe that you or someone in your household is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.

Additional examples for Food Stamps only:

- A household member begins to pay court ordered child support for a child not living in the home.
- A household member is 60 or older.
- Any member who is disabled or 60 years of age or older has changes in or new medical expenses (if verified your Food Stamps can be refigured).

Additional Information for Food Stamp Only Households

If you receive food stamp benefits and you voluntarily report income that has increased, and it is above the gross income level for your household size, your benefits may be discontinued.

Note that if you receive only food stamp benefits: (1) you do not have to report any increases in income during the quarter; and, (2) when you report changes to the county or in between written quarterly reports, you must also report the change on your next QR 7.

At anytime you can ask the County to discontinue your entire case or any individual person who has left the home or is not required to be in the assistance unit. You can also ask the County to discontinue certain benefits, such as: Medi-Cal or Food Stamps. Receiving Medi-Cal/or Food Stamps only will not count against your Cash Aid time limits.

Other changes for quarterly reporting:

There are other changes that will cause the County to decrease or discontinue your benefits during the quarter in which they happen. Here are some examples:

- An adult in the household reaches the CalWORKs 60-month time limit;
- A household member is sanctioned/penalized;
- A child reaches the age of 18 (and will not graduate from high school before the age of 19);
- Someone in your household begins receiving benefits in another household;
- An eligible child is placed in Foster Care;
- Anyone who is an Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

FOOD STAMP CHANGE REPORTING

For Food Stamp Change Reporting, you must report when:

1. Your total monthly income starts, stops, or changes by more than \$50.
2. Anyone's source of income changes.
3. Anyone moves into or out of your home.
4. Anyone joins or leaves your household.
5. You move or you get a new address.
6. Your rent and utility costs **only** if you move.
7. Anyone buys, gets, sells, or gives away a licensed motor vehicle.
8. The total of your household's stocks, bonds, or other money is or is more than \$2000 (or \$3000 if you have a household member who is age 60 or older).
9. If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.
10. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.
11. Any member of your household is avoiding or running from the law to avoid any felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
12. Any household member convicted of a drug-related felony after August 22, 1996, for manufacturing, sale or distribution of a controlled substance(s), or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities.

For Food Stamp Change Reporting, you may report when:

1. Anyone's physical or mental illness begins or ends.
2. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the USCIS.
3. You have changes in your dependent care costs.
4. Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
5. Any household member starts to pay court ordered child support for a child not living in the home.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

IMPORTANT INFORMATION CASH AID ONLY

Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must:

- be unemployed and not have worked in the preceding 4 weeks
- apply for and accept any unemployment insurance you are eligible to receive

The PE is the parent who has the most earnings in the past 24 months.

Homeless Assistance

You may be eligible for money to help pay for temporary shelter, permanent housing or to prevent eviction. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

School Attendance and Immunizations

You must provide proof when requested by the county that:

- all school-age children are attending school, and
- children under the age of 6 have received age appropriate immunizations. (Manual of Policies and Procedures Sections 40-105.4; 40-105.5).

Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU):

- is disabled and getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits
- is caring for an aided child(ren) who is not their child and the caretaker does not get cash aid.

Also eligible for the higher MAP:

- a family who gets Refugee Cash Assistance (RCA) if each adult meets an exception.

If all the adults in the household meet at least one of these exemptions, ask your worker about applying for an exemption.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your maximum aid payment (MAP) will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are exemptions to the rule. Your worker will give you a copy of the MFG rules and answer your questions. Then you will sign a copy that says you understand the rules.

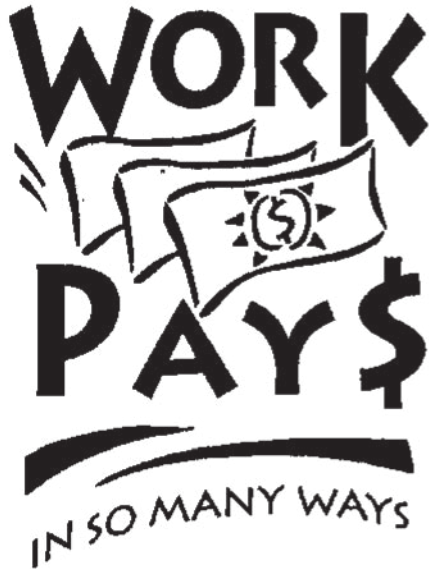
Proof of Facts

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file to see if it already has the proof needed to determine your eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing your application would be delayed because it would take too long for you to get the proof.

If you ask for cash aid within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since you last got cash aid, the county will need new proof.



Here's how **Work Pays**:

- Gives you more \$\$\$\$ to help support your family
- Builds a better life for you and your family
- Develops job skills
- Builds self-esteem
- Gives you personal satisfaction

You can work and still get cash aid:

- ✓ In most cases, when you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You may be eligible for **work related deductions**. When you add it up, you have more \$\$\$\$ for your family.
- ✓ When you have a **grant-based on the job training (OJT)** assignment, all or part of your cash aid payment is used by your employer to help pay your wages. You do not get work related deductions for grant based OJT wages.
- ✓ Either way, you may be eligible for child care costs that are paid to your provider.

See page 7 for facts about work and training rules, work incentives, including child care programs. Ask your worker for more facts about **Work Pays** and how **grant-based OJT** can work for you.

Remember, you can work and still get cash aid as long as you stay eligible and meet reporting rules in a timely manner.

Work and Training Rules

Your worker will tell you what cash aid and/or food stamp work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities to keep getting your cash aid, food stamps, or both. More than one member of a household can be required to follow cash aid and/or food stamp work rules. If anyone becomes ineligible for not following work or training rules, other members of their household can still get cash aid or food stamps, as long as they remain eligible. But, the amount of cash aid or food stamps they get may change.

Cash Aid Work Rules

If you get cash aid and food stamps or just get cash aid, you will need to take part in certain Welfare-to-Work activities to keep getting your cash aid and food stamps. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules. Welfare-to-Work activities include, but are not limited to, subsidized or unsubsidized work, work experience, community service, adult basic education, vocational training, and job search. Subsidized means that the county or some other funding source pays your employer for part of your wages.

The cash aid work rules also say you must:

- Sign a Welfare-to-Work plan;
- Take a suitable job that is offered to you;
- Not quit a job or reduce your earnings.

Sanctions for Not Meeting Cash Aid Work Rules

Any time you don't meet cash aid work rules for a good reason, your cash aid will be stopped until you do what you should do. After your cash aid is stopped or reduced, you can only get it back again if you meet the work rules that you had stopped meeting or you become excused. If your cash aid is stopped, your food stamps may also be stopped or reduced.

Food Stamp Work Rules for Persons Not Receiving Cash Aid

If you only get food stamps, you may need to take part in certain employment and training activities to keep getting your food stamps. These activities include job search, workfare, adult basic education, and vocational training. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules.

The food stamp work rules also say you must:

- Answer questions about your job experience and ability to work;
- Check on a possible job we tell you about and take a suitable job that is offered to you;
- Not quit a job or reduce the number of hours you work to less than 30 hours per week.

Food Stamp Only Penalties

If you don't meet food stamp work rules and you don't have a good reason, your food stamps will be denied or stopped for one, three, or six months, depending on the number of times you stop meeting the rules. After your food stamps are stopped, you can only get them again at the end of the penalty or sooner if you become excused.

Work Requirement for Able-Bodied Adults Not Receiving Cash Aid

If you only receive food stamps and you don't have minor children, there is another work rule which you also may need to meet. You do not have to meet this work rule if you are under age 18, over age 49, pregnant, or you are part of a food stamp household with a minor child. You may be excused for other reasons that your county worker can explain. The work rule says that if you are an able-bodied adult, you must work at least 20 hours a week or 80 hours a month in paid employment, take part in a workfare project for the required number of hours, or take part in an approved training activity for at least 20 hours per week or 80 hours per month. During a period of 36 months, food stamps will stop if there are three months in which you do not meet the work rule. If you stop meeting the work rule a second time for reasons such as being laid off, you may be able to get food stamps for three months in a row without having to meet the rule. After that you can only get food stamps if you meet the work rule or get excused.

Income Disregards

When you have income and are on cash aid, there are two income disregards (deductions) that may be subtracted from certain types of family income. When you or any of your family members receive certain types of disability-based unearned income or you are working and getting cash aid, you are eligible for an income disregard of \$225. The \$225 is first deducted from certain disability-based unearned income. Any remainder of the \$225 is then deducted from earned income. If there is a remainder of earned income, 50 percent of that remaining earned income will be disregarded.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

CalWORKs Child Care Program

Child care benefits are available to recipients who need child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 24 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

OTHER IMPORTANT INFORMATION

CASH AID AND FOOD STAMP QUARTERLY REPORTING HOUSEHOLDS Budgeting Rules

The amount of cash aid and/or food stamps you can get depends on your income and allowable expenses. You will get a Quarterly Eligibility Report (QR 7) to fill out every three months. On the QR 7, you will need to report what income and expenses you had in the last month and what income and expenses you think you will have in the three months after you turn in your report. The income and expenses you expect to have in the next three months will be used to figure the amount of cash aid and/or food stamps you can get for those three months. Information that you put on the QR 7 about the past month will be used for the next three months if you don't expect your income or expenses to change.

For example, if you turn in a QR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May and June. If the income from February will stay the same, your cash aid and/or food stamps for April, May, and June will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you think you'll get in April, May, and June to figure your cash aid and/or food stamp amount for those months. This method is called prospective budgeting.

Property Limit

There is a \$2000.00 limit on the amount of property (e.g., bank accounts, stocks, etc.) that your household can have and still get cash aid or food stamps. If someone in your household is at least 60 years old, the limit goes up to \$3000.00. Your house and furniture are not part of the total limit as long as you live in your home. The individual vehicle value limit is \$4650. If your registered vehicle is worth more than \$4650, anything over the limit will be used as part of the total property limit unless the vehicle is needed by the household for certain reasons. Ask your worker what the reasons are. Any vehicle you have, that cannot be sold for more than \$1500, will not be used as part of the total property limit to determine eligibility. Your worker can tell you how to figure the value of any unregistered vehicles.

CASH AID ONLY

60-Month Time Limit

As of January 1, 1998, a parent or caretaker relative is not eligible for cash aid when he/she has received cash aid for a total of 60 months. All aid received through CalWORKs (California Work Opportunity and Responsibility to Kids) and/or cash aid received from any other state counts toward the 60-month total. Only cash aid received on or after January 1, 1998, counts toward the 60-month total. There are exceptions to this time limit and the limit does not apply to children.

Resources/Electronic Benefits Transfer (EBT)

Any balance remaining in the EBT account at the end of the month will be considered an available resource and could make your household ineligible for cash aid if your total countable resources are more than the allowable resource limits.

Transfer of Assets Rule

Recipients can sell, exchange or change the form of their property holdings, if they get fair market value for the property (asset). If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number.

Cal-Learn

Cal-Learn helps pregnant and/or parenting teens under the age of 20, who are getting cash aid and do not have a high school diploma or its equivalent to stay in or return to school. Teens in the Cal-Learn Program may get cash bonuses for good grades and graduation from high school. Cal-Learn teens may get help with child care, transportation, and other services. Cash penalties may be subtracted from their family's cash aid payment for not going to school or for getting poor grades.

FOOD STAMP ONLY Utility Allowances

You will be allowed a Standard Utility Allowance (SUA) deduction if you have heating and cooling costs. If you have utility costs other than heating or cooling, such as water, sewer and garbage, you will be given a Limited Utility Allowance (LUA) deduction. If you only have a telephone cost, you will be given a Telephone Utility Allowance (TUA) deduction. The SUA, LUA and TUA are used to reduce your income, which helps you get more benefits.

MEDI-CAL/34-COUNTY CMSP ONLY Spending Down Excess Property

- If you get or apply for Medi-Cal/34-County CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for 34-County CMSP if you sell or give away any property for less than it is worth.

Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the State may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

AVAILABLE SERVICES

Women, Infants and Children (WIC) Supplemental Nutrition Program: The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

Voter Registration: If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your worker will not tell you how to vote.

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, food stamps, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or food stamps.

Disqualification Penalties

Cash Aid and Food Stamps

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or food stamp overissuance.

Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

Food Stamp Only

If your household receives food stamp benefits, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamp benefits.
- Don't trade or sell your EBT card.
- Don't alter EBT card to get food stamp benefits you are not entitled to get.
- Don't use food stamp benefits to buy ineligible items such as alcoholic drinks or tobacco, paper, or cleaning products.
- Don't use someone else's EBT card for your household.

Food Stamps Penalties

If you do not follow food stamp rules, your benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And you may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If you are found guilty in any court of law or administrative hearing because:

- you traded or sold food stamp benefits for firearms, ammunition, or explosives, your food stamp benefits can be stopped forever for the first violation;
- you traded or sold food stamp benefits for controlled substance, your benefits can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold food stamp benefits that were worth \$500 or more, your food stamp benefits can be stopped forever;
- you filed two or more applications for food stamp benefits at the same time and gave the county false identity or residence information, your food stamp benefits can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION

- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:

Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS)

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION

I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or food stamps, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A QR)

- For cash aid:

Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home)

Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, food stamps, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or food stamps.

Disqualification Penalties

Cash Aid and Food Stamps

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or food stamp overissuance.

Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

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- Don't give wrong or incomplete facts to get or keep getting food stamp benefits.
- Don't trade or sell your EBT card.
- Don't alter EBT card to get food stamp benefits you are not entitled to get.
- Don't use food stamp benefits to buy ineligible items such as alcoholic drinks or tobacco, paper, or cleaning products.
- Don't use someone else's EBT card for your household.

Food Stamps Penalties

If you do not follow food stamp rules, your benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And you may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If you are found guilty in any court of law or administrative hearing because:

- you traded or sold food stamp benefits for firearms, ammunition, or explosives, your food stamp benefits can be stopped forever for the first violation;
- you traded or sold food stamp benefits for controlled substance, your benefits can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold food stamp benefits that were worth \$500 or more, your food stamp benefits can be stopped forever;
- you filed two or more applications for food stamp benefits at the same time and gave the county false identity or residence information, your food stamp benefits can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION

- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:

- Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS)

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219/CMSP 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION

I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or food stamps, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A QR)

- For cash aid:

- Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)		Date
Signature (Other Parent Living in the Home)	Witness, if You Signed With An "X"	Date
Eligibility Worker's Signature	Eligibility Worker's Number	Date



**STATEMENT OF FACTS FOR CASH AID, FOOD STAMPS, AND MEDI-CAL/
34-COUNTY MEDICAL SERVICES PROGRAM (CMSP)**

- Fill in the answers to all questions about the benefit(s) you are asking for. Print all answers in ink. The "CA" for Cash Aid, "FS" for Food Stamps, and "MC" for Medi-Cal/34-County CMSP listed to the left of each question tell you which questions are for each program.
- Give any proof (such as bills, receipts and records) to support your answers. Tell your worker when you need help in getting proof or in filling out this form. If you need more space, attach another sheet.
- If you are asking for Food Stamps and you are not an adult member of the household, attach a written authorization signed by the head of household or other adult member.

CA **1** **A. Person applying, or caretaker relative of child(ren) for whom aid is wanted.** HOME PHONE ()

FS **NAME:** ()

MC

HOME ADDRESS (NUMBER, STREET) MAILING ADDRESS (IF DIFFERENT) DAYTIME PHONE ()

CITY STATE ZIP CODE CITY STATE ZIP CODE

FS **B. Are you homeless?** If "YES": Are you temporarily staying in someone else's home? YES NO

YES NO If "YES": Give date you began staying at this home:

CA **C. Have you received a pay Rent or Quit Notice?** YES NO

2 For each ADULT living in the home, give us all the facts.

CA (A) ADULT'S NAME (FIRST, MIDDLE, LAST) CITIZEN/NONCITIZEN STATUS (✓) U.S. Citizen/National

FS Noncitizen: Sponsored YES NO

MC

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER

SEX (✓) M F BLIND, DEAF OR DISABLED YES NO PREGNANT YES NO BIRTHPLACE CITY STATE COUNTRY

TYPE OF AID REQUESTED (✓) Cash Aid Food Stamps None Medi-Cal 34-County CMSP

MARITAL STATUS (✓) Married Never Married Separated Divorced Common Law Widowed

CA (B) ADULT'S NAME (FIRST, MIDDLE, LAST) CITIZEN/NONCITIZEN STATUS (✓) U.S. Citizen/National

FS Noncitizen: Sponsored YES NO

MC

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER

SEX (✓) M F BLIND, DEAF OR DISABLED YES NO PREGNANT YES NO BIRTHPLACE CITY STATE COUNTRY

TYPE OF AID REQUESTED (✓) Cash Aid Food Stamps None Medi-Cal 34-County CMSP

MARITAL STATUS (✓) Married Never Married Separated Divorced Common Law Widowed

CA (C) ADULT'S NAME (FIRST, MIDDLE, LAST) CITIZEN/NONCITIZEN STATUS (✓) U.S. Citizen/National

FS Noncitizen: Sponsored YES NO

MC

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER

SEX (✓) M F BLIND, DEAF OR DISABLED YES NO PREGNANT YES NO BIRTHPLACE CITY STATE COUNTRY

TYPE OF AID REQUESTED (✓) Cash Aid Food Stamps None Medi-Cal 34-County CMSP

MARITAL STATUS (✓) Married Never Married Separated Divorced Common Law Widowed

COUNTY USE ONLY

CASE NAME

CASE NUMBER

WORKER DATE RCD

New Restoration Redetermine Recertification

Residency Verified FS ID FS Aged/Disabled Verified MC ID MC Minor Consent: Exempt from ID, Residency, SSN, Verifs

AU NON-AU MFBU

FS Non-HH/Excluded Member Code:

Work Registration/Exemption Codes:

WELFARE to WORK FS ABAWD

VERIFIED: Blind/Deaf/Disabled SSN DED Packet Citizen Eligible Noncitizen SAVE Alien Reg. # D.O.E.

AU NON-AU MFBU

FS Non-HH/Excluded Member Code:

Work Registration/Exemption Codes:

WELFARE to WORK FS ABAWD

VERIFIED: Blind/Deaf/Disabled SSN DED Packet Citizen Eligible Noncitizen SAVE Alien Reg. # D.O.E.

AU NON-AU MFBU

FS Non-HH/Excluded Member Code:

Work Registration/Exemption Codes:

WELFARE to WORK FS ABAWD

VERIFIED: Blind/Deaf/Disabled SSN DED Packet Citizen Eligible Noncitizen SAVE Alien Reg. # D.O.E.

COUNTY USE ONLY			WW WORK EXEMPTIONS (42-712)
FS NON-HH/EXCLUDED MEMBER (63-402)	FS WORK/TRAINING EXEMPTIONS (63-407.21)	FS ABAWD EXEMPTIONS (63-410.3)	
1. Separate HH (Purchase/prepare) (.12, .13)	a. Under 16/60 or older	1. ABAWD with FS Work/Training Exemption Code 63-407.21	Age under 16 (.41)
2. Separate HH (Elderly/disabled) (.17)	a.(1) 16/17 not head of household; or	2. Under 18/50 or older (.321)	School Attendance (.42)
3. Roomer (must be listed in 13) (.211)	16/17 in school/training at least 1/2 time	3. Pregnant (.322)	Age 60 or older (.43)
4. Live-in attendant (.212)	b. Mentally/physically unfit for work	4. Adult living in HH with dep. child (.323)	Disability (.44)
5. Other shared living quarters (.213)	c. Mandatory participant in Welfare to Work activities	5. Lives in ABAWD exempt area (.33)	NCR caring for dependent or ward of the court or at risk of FC placement (.45)
6. Ineligible alien (.221)	d. Cares for child under 6 or incapacitated person		Care of another ill or incap member of the household (.46)
7. Boarder (must be listed in 13) (.3)	e. Applicant for/recipient of UIB		Care of child:
8. SSN disqualified (.222)	f. Participant in drug/alcohol program		- Age 6 months or under (or as allowed under county's CalWORKs plan) (.471)
9. IPV disqualified (.223)	g. 30 hour week/min. x 30		- Member (who previously claimed .471) upon birth or adoption of subsequent child(ren) (.472)
10. Workfare sanctioned (.225)	h. 1/2 time student in school, training or higher education.		Pregnancy (.48)
11. SSI/SSP recipient (.226)			VISTA-full or part time volunteer (.49)
12. Ineligible student (.227)			
13. Work req. disqualified (.228)			
14. Questionable Citizenship (300.51(b))			
15. Vol. quit ineligible (408.1, .2)			
16. Ineligible/disqualified ABAWD (410.4)			
17. Fleeing felon/parole or probation violator (.224)			
18. Drug felon (.229)			

COUNTY USE ONLY

3 For each **CHILD** living in the home, child out of the home for a short time, or child you claim as a tax dependent, give us all the facts. If you are pregnant, list child as "unborn" and give due date.

CA FS MC (A) CHILD'S NAME (FIRST, MIDDLE, LAST)		CITIZEN/NONCITIZEN STATUS (✓) <input type="checkbox"/> U.S. CITIZEN/NATIONAL <input type="checkbox"/> NONCITIZEN: SPONSORED <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)		AU (✓)		NON-AU (✓)		MFBU (✓)		MFG CHILD		FS Non-HH/Excluded Member Code:	
SOCIAL SECURITY NUMBER		SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE (Month, Day, Year)		AGE OF CHILD						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> MC: not in home, 18-21 & tax dep.	
BIRTHPLACE (CITY/STATE/COUNTRY)		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE IMMUNIZATIONS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEATH		DISABILITY		ABSENCE		UNEMPLOYMENT	
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF SCHOOL:		TYPE OF AID REQUESTED <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medi-Cal <input type="checkbox"/> None		MOTHER'S NAME									
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE		IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		FATHER'S NAME											
														Work Registration/Exemption Codes: Welfare-to-Work FS	
														Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> SAVE <input type="checkbox"/> Immunization <input type="checkbox"/> School Attendance	
CA FS MC (B) CHILD'S NAME (FIRST, MIDDLE, LAST)		CITIZEN/NONCITIZEN STATUS (✓) <input type="checkbox"/> U.S. CITIZEN/NATIONAL <input type="checkbox"/> NONCITIZEN: SPONSORED <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)		AU (✓)		NON-AU (✓)		MFBU (✓)		MFG CHILD		FS Non-HH/Excluded Member Code:	
SOCIAL SECURITY NUMBER		SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE (Month, Day, Year)		AGE OF CHILD						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> MC: not in home, 18-21 & tax dep.	
BIRTHPLACE (CITY/STATE/COUNTRY)		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE IMMUNIZATIONS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEATH		DISABILITY		ABSENCE		UNEMPLOYMENT	
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF SCHOOL:		TYPE OF AID REQUESTED <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medi-Cal <input type="checkbox"/> None		MOTHER'S NAME									
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE		IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		FATHER'S NAME											
														Work Registration/Exemption Codes: Welfare-to-Work FS	
														Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> SAVE <input type="checkbox"/> Immunization <input type="checkbox"/> School Attendance	
CA FS MC (C) CHILD'S NAME (FIRST, MIDDLE, LAST)		CITIZEN/NONCITIZEN STATUS (✓) <input type="checkbox"/> U.S. CITIZEN/NATIONAL <input type="checkbox"/> NONCITIZEN: SPONSORED <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)		AU (✓)		NON-AU (✓)		MFBU (✓)		MFG CHILD		FS Non-HH/Excluded Member Code:	
SOCIAL SECURITY NUMBER		SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE (Month, Day, Year)		AGE OF CHILD						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> MC: not in home, 18-21 & tax dep.	
BIRTHPLACE (CITY/STATE/COUNTRY)		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE IMMUNIZATIONS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEATH		DISABILITY		ABSENCE		UNEMPLOYMENT	
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF SCHOOL:		TYPE OF AID REQUESTED <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medi-Cal <input type="checkbox"/> None		MOTHER'S NAME									
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE		IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		FATHER'S NAME											
														Work Registration/Exemption Codes: Welfare-to-Work FS	
														Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> SAVE <input type="checkbox"/> Immunization <input type="checkbox"/> School Attendance	
CA FS MC (D) CHILD'S NAME (FIRST, MIDDLE, LAST)		CITIZEN/NONCITIZEN STATUS (✓) <input type="checkbox"/> U.S. CITIZEN/NATIONAL <input type="checkbox"/> NONCITIZEN: SPONSORED <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)		AU (✓)		NON-AU (✓)		MFBU (✓)		MFG CHILD		FS Non-HH/Excluded Member Code:	
SOCIAL SECURITY NUMBER		SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE (Month, Day, Year)		AGE OF CHILD						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> MC: not in home, 18-21 & tax dep.	
BIRTHPLACE (CITY/STATE/COUNTRY)		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE IMMUNIZATIONS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEATH		DISABILITY		ABSENCE		UNEMPLOYMENT	
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF SCHOOL:		TYPE OF AID REQUESTED <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medi-Cal <input type="checkbox"/> None		MOTHER'S NAME									
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE		IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		FATHER'S NAME											
														Work Registration/Exemption Codes: Welfare-to-Work FS	
														Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> SAVE <input type="checkbox"/> Immunization <input type="checkbox"/> School Attendance	

CA ④ List any parent(s) of the child(ren) or unborn who does not live in the home with you. NAME OF PARENT _____ REASON THE PARENT DOES NOT LIVE IN THE HOME _____ CA ⑤ Has anyone changed citizenship/immigration status in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below: NAME _____ WHAT CHANGED _____ DATE _____ ALIEN NUMBER (IF APPLICABLE) _____ CA ⑥ A. Is a foster child living in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who: _____ FS B. Do you want the foster child(ren) and foster care income counted on the Food Stamp Case? <input type="checkbox"/> YES <input type="checkbox"/> NO CA ⑦ Has anyone ever used any other name (maiden, adoptive, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below: NAME _____ OTHER NAME(S) USED _____ NAME _____ OTHER NAME(S) USED _____	COUNTY USE ONLY <input type="checkbox"/> Verif. on File <input type="checkbox"/> MC 13 <input type="checkbox"/> CA and FC Elig/CR Chooses: Child: <input type="checkbox"/> CA <input type="checkbox"/> FC CR: <input type="checkbox"/> CA <input type="checkbox"/> None <input type="checkbox"/> Kin-GAP												
CA ⑧ A. Does everyone live in California? If "NO", explain: _____ CA B. Does everyone plan to stay in California permanently? CA C. Does anyone own, lease or maintain a home outside California? CA MC D. Is anyone currently getting public assistance outside California? If "YES", explain: _____ CA E. Is anyone planning to leave California for more than 30 days?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">YES</td> <td style="width:20%; text-align: center;">NO</td> </tr> <tr> <td>Calif. Resident:</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Property</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> PA</td> <td></td> <td></td> </tr> </table>		YES	NO	Calif. Resident:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Property			<input type="checkbox"/> PA		
	YES	NO											
Calif. Resident:	<input type="checkbox"/> YES	<input type="checkbox"/> NO											
<input type="checkbox"/> Property													
<input type="checkbox"/> PA													
MC ⑨ Are you 18 to 21 years of age and claimed as a dependent for income tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, who: _____ CA ⑩ A. Has anyone's cash aid or food stamps been stopped due to: non-cooperation during a quality control review, work or training sanctions or failure to meet the Food Stamp Able Bodied Adults Without Dependent (ABAWD) work requirement, or for any other reason? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below: NAME _____ WHY _____ WHEN _____ WHAT COUNTY/STATE _____ CA ⑩ B. Has anyone's cash aid or food stamps been stopped for a period of time or forever due to welfare fraud or a food stamp Intentional Program Violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below: NAME _____ WHY _____ WHEN _____ WHAT COUNTY/STATE _____	<input type="checkbox"/> Tax Dependent Letter Sent <input type="checkbox"/> CA 2.1												
FS ⑪ Does anyone living with you buy food and fix meals separately from others in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who: _____ FS ⑫ Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who: _____	Separate household eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO Separate household eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO												

FS **13** **A. Do you pay someone else for meals and/or a room?** YES NO
 If "YES", complete below:

NAME OF PERSON YOU PAY	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY
------------------------	---	----------------	-----------	----------------------

COUNTY USE ONLY

Household Elects		ROOMER
BOARDER	HH MEMBER	

CA **FS** **B. Does anyone pay you for meals and/or a room?** YES NO
 If "YES", complete below:

NAME OF PERSON WHO PAYS YOU	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY
-----------------------------	---	----------------	-----------	----------------------

FS **14** **Does anyone get food from any of the following programs?** YES NO

- Communal dining facility for the elderly or disabled
- Food distribution program operated by a Native American reservation
- Other food program

NAME	NAME OF PROGRAM	NAME	NAME OF PROGRAM
------	-----------------	------	-----------------

CA **FS** **MC** **15** **A. Does anyone live in any of the following:** YES NO
 If "YES", complete below:

- Shelter, center
- Reservation for Native Americans
- Psychiatric hospital/mental institution
- Group living arrangement for the disabled/blind
- Hospital or nursing home
- Subsidized housing for the elderly
- Drug or alcohol rehabilitation center
- Board and care home
- Penal institution/correctional facility

NAME	NAME OF CENTER, SHELTER, HOSPITAL, ETC.	DATE ENTERED	DATE EXPECTED TO LEAVE
------	---	--------------	------------------------

MC **B. Does the person who is in a hospital or nursing home have a spouse or other family member at home?** YES NO

CA **16** **List any child age 6-18 who does not attend school regularly and explain why he/she is not attending regularly.** No Child Age 6-18

NAME	REASON NOT ATTENDING SCHOOL REGULARLY
------	---------------------------------------

CA **FS** **MC** **17** **A. Is anyone age 14 or older enrolled in school, college, or a training program?** If "YES", complete below: YES NO

NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	ENROLLED (✓) STATUS <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other (specify):	UNITS/HOURS PER WEEK	WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO

CA **FS** **B. Complete below for anyone enrolled in college or attending a similar educational institution.**

NAME	TERM (✓) CHECK STATUS <input type="checkbox"/> Semester <input type="checkbox"/> Year <input type="checkbox"/> Quarter	TUITION/FEES PER TERM \$	BOOKS, EQUIPMENT, ETC., PER TERM \$
MILES ROUND TRIP PER DAY TO SCHOOL/CHILD CARE	DAYS ATTENDING PER WEEK	TRANSPORTATION USED	
TRANSPORTATION COST PER WEEK \$	AMOUNT PAID PER WEEK BY CAR POOL MEMBERS \$	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$	

CA **18** **A. Is anyone under age 20 and pregnant or a parent?** YES NO
 If "YES", complete below:

NAME	AGE	CHECK (✓) STATUS <input type="checkbox"/> Pregnant <input type="checkbox"/> Teen Parent
SCHOOL STATUS, CHECK (✓) <input type="checkbox"/> Has a High School Diploma <input type="checkbox"/> Has a GED <input type="checkbox"/> Not Attending School Regularly (explain): <input type="checkbox"/> Currently Attending School Regularly <input type="checkbox"/> Other (explain):		

CA **B. Has anyone received a cash bonus or penalty, or help with child care, transportation, etc. from the Cal-Learn Program?** YES NO
 If "YES", complete below:

NAME	WHERE (COUNTY)	DATE(S) RECEIVED
------	----------------	------------------

CA **FS** **19** **Is anyone on strike?** YES NO
 If "YES", complete below:

NAME OF STRIKER	NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM
NAME OF UNION	
DATE WENT ON STRIKE	MONTHLY INCOME (BEFORE DEDUCTIONS) EARNED FROM THIS JOB BEFORE THE STRIKE \$

FS Eligible Institution: YES NO

CA Eligible: YES NO

School Attendance Verified: YES NO

School Enrollment Verif.: YES NO

Date Verified:
FS Eligible Student: YES NO

School Enrollment Verif.: YES NO
 Date Verified:
FS Eligible Student: YES NO

Expenses Verified: YES NO

Date Verified:

Financial Aid: YES NO
 MC 210 S-E

- Referred to:
- Cal-Learn
 - CW 25
 - CW 25A
 - Referred to Welfare-to-Work

Striker Regs Apply:
 CA FS

CA FS (20) Has anyone, including children, worked or does anyone expect to go to work, including part-time and occasional work? Check (✓) "YES" or "NO" for each item. If "YES", complete below:

	YES	NO
Has anyone stopped or refused work or training within the last 60 days?		
Is anyone working or in training now?		
Does anyone expect to be working or in training in the next two months?		

COUNTY USE ONLY

(A) (✓) if exempt				FS S/E Farmer
CA	MC	<input type="checkbox"/> FS Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> FS Child		
(B) (✓) if exempt				FS S/E Farmer
CA	MC	<input type="checkbox"/> FS Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> FS Child		

If self-employed: **For Food Stamps:** List your business expenses on a separate sheet of paper.
For Cash Aid: Check (✓) how you want your business expenses figured each month:
 40% standard deduction Actual business expenses Monthly average (yearly business costs divided by 12 months). **If actual**, you must list your business expenses on a separate sheet of paper.

(A) NAME
CA FS MC

NUMBER OF HOURS OF WORK/TRAINING PER MONTH LAST MONTH _____ THIS MONTH _____		EMPLOYER'S NAME AND ADDRESS		
PAY DATE(S)	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGES BEFORE DEDUCTIONS \$ _____ per	DATE LAST CHECK RECEIVED	RECEIVED OR EXPECT TO RECEIVE TIPS OR COMMISSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", COMPLETE BELOW
REASON FOR LEAVING JOB/TRAINING			LAST DAY OF WORK/TRAINING	AMOUNT RECEIVED \$ _____ AMOUNT EXPECTED \$ _____
DATE NEXT CHECK EXPECTED	AMOUNT EXPECTED BEFORE DEDUCTIONS \$ _____	OCCUPATION		

Verif(s) on file for:
 (A) (B)

FS: Work history last 120 days
 (A) (B)

(A)	YES	NO
Empl. Statement		
Good Cause Determ		
Voluntary Quit		
(A) <input type="checkbox"/> CA: 28 Days (B) <input type="checkbox"/> CA: 28 Days <input type="checkbox"/> FS: 60 days <input type="checkbox"/> FS: 60 days <input type="checkbox"/> MC: 30 days <input type="checkbox"/> MC: 30 days		

(B) NAME
CA FS MC

NUMBER OF HOURS OF WORK/TRAINING PER MONTH LAST MONTH _____ THIS MONTH _____		EMPLOYER NAME AND ADDRESS		
PAY DATE(S)	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGES BEFORE DEDUCTIONS \$ _____ per	DATE LAST CHECK RECEIVED	RECEIVED OR EXPECT TO RECEIVE TIPS OR COMMISSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", COMPLETE BELOW
REASON FOR LEAVING JOB/TRAINING			LAST DAY OF WORK/TRAINING	AMOUNT RECEIVED \$ _____ AMOUNT EXPECTED \$ _____
DATE NEXT CHECK EXPECTED	AMOUNT EXPECTED BEFORE DEDUCTIONS \$ _____	OCCUPATION		

(B)	YES	NO
Empl. Statement		
Good Cause Determ		
Voluntary Quit		
CA: S/E Client Chooses: (A) <input type="checkbox"/> Actual <input type="checkbox"/> Actual <input type="checkbox"/> 40% deduction <input type="checkbox"/> 40% deduction <input type="checkbox"/> Annualize <input type="checkbox"/> Annualize		

CA FS MC (21) A. Does anyone pay for care of a child, disabled adult, or other dependent so he/she can go to work, school, or look for a job? If "YES", complete below and (✓) if for work or training. YES NO

WHO GETS CARE	WHO PAYS	WHO GIVES CARE	<input type="checkbox"/> WORK <input type="checkbox"/> TRAINING	AMOUNT PAID/HOW OFTEN \$ _____ EVERY
WHO GETS CARE	WHO PAYS	WHO GIVES CARE	<input type="checkbox"/> WORK <input type="checkbox"/> TRAINING	AMOUNT PAID/HOW OFTEN \$ _____ EVERY

Child Care Informing:

Trustline Informing (CCP 2)
 Health & Safety Certification (CCP 5)
 Dependent Care Verified

DEP. CARE ELIGIBLE	YES	NO
FS		
MC		

Is there another person in household who could provide care?
 YES NO

If "YES", who: _____

CA FS MC B. Does anyone else pay all or part of your child care costs? Include costs paid by a relative or friend not living in the home, Department of Education, Block Grant, etc. If "YES", complete below: YES NO

NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$ _____	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$ _____
NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$ _____	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$ _____

FS MC (22) Does anyone pay child or spousal support? If "YES", complete below: YES NO

WHO PAYS	FOR WHOM	AMOUNT PER MONTH \$ _____
----------	----------	------------------------------

Court Order on File YES NO
Amount Ordered:
\$ _____

CA FS MC (23) Has anyone, including children, applied for or received unemployment or disability insurance benefits in the last 12 months OR expect to receive these benefits in the future? If "YES", complete below: YES NO

NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED

CA (24) Has anyone received a Diversion cash payment or non-cash services from any county or other state? If "YES", complete below: YES NO

NAME	COUNTY/STATE	AMOUNT RECEIVED \$ _____	LIST SERVICES RECEIVED	ESTIMATED VALUE OF SERVICES \$ _____	DATE RECEIVED
------	--------------	-----------------------------	------------------------	---	---------------

CA FS **(25)** Has any parent living in the home worked or been in training in the past 24 months? YES NO
 If "YES", complete below:
 • Include all work done in and outside the United States (U.S.).
 • Include work done in exchange for something besides money, such as rent, food, utilities or **anything else**.
 • Begin with each person's most recent job or training.

COUNTY USE ONLY

PE/UIB Requirements
 Earnings from month prior to month of application
 App Date: _____
 Earnings from _____ to _____

A. NAME IS HE/SHE A NATIVE AMERICAN? YES NO
 IF "YES", LIST TRIBE: _____

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid
1. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
2. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	5. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
3. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	6. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

MO/YR (25) A (25) B

\$ \$

B. NAME IS HE/SHE A NATIVE AMERICAN? YES NO
 IF "YES", LIST TRIBE: _____

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid
1. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
2. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	5. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
3. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	6. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

FS **(26)** Are all Food Stamp household members citizens of the United States (U.S.)? YES NO
 If "NO", complete below for each Food Stamp household member who is **not a citizen of the U.S.**

Name of each noncitizen	A. How many years total has this person, their spouse, and/or their parents (before this person was 18 years old) lived in the U.S.?	B. While living in the U.S., in how many of the years reported in Column A did this person, their spouse, and/or their parents (before this person was 18 years old) earn money by working in the U.S.?	C. While living outside the U.S., how many total years did this person, their spouse, and/or their parents (before this person was 18 years old) work in the U.S.?
1.			
2.			
3.			
4.			

TOTAL \$ \$

(25) A B

Tribal JOBS Referral

UIB Verif(s) on file

Must apply for UIB

CA FS MC **(27)** Has anyone been in the U.S. military service or the spouse, parent, or child of a person who has been in the military service? YES NO
 If "YES", complete below:

NAME	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	(✓) STATUS <input type="checkbox"/> ACTIVE DUTY MILITARY/VETERAN <input type="checkbox"/> SPOUSE, PARENT OR CHILD OF ACTIVE DUTY MILITARY/VETERAN	HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE	DATE OF SERVICE

Currently Receiving/ Got/ or UIB eligible in last 12 months

UIB Ineligible Reason:

(26)
 FS: 40 Quarters Verif.

(27)
 CW 5

FS: Noncitizen's Honorable Discharge Verif.
 YES NO

COUNTY USE ONLY

PRINCIPAL EARNER (PE) *	DATE OF APPLICATION	QUARTER OF APPLICATION
-------------------------	---------------------	------------------------

*Principal Earner — the parent who earned the most income in the last 24 months prior to the month of application.

CA (28) A. Does anyone, including children, get or expect to get money from any source listed below?

FS Check (✓) "YES" or "NO" for each item.
MC

	YES	NO		YES	NO
Work Study, Welfare-to-Work, or other program			VA (Veterans) educational related income		
Other training allowance			VA Aid & Attendance		
Educational grants, loans and scholarships			Social Security disability or supplemental security income/state supplementary payment (SSI/SSP)		
CalWORKs/Cash aid from another state			VA disability		
Refugee (RCA) Assistance			Railroad disability		
Cash Assistance Program for Immigrants (CAPI)			Other disability income from a federal, state, or local governmental agency		
GA/GR (General Assistance/Relief)			Other non-government disability or sick leave		
Workers Compensation			Social Security retirement or survivors		
Child/spousal support or money for medical bills or premiums			Railroad retirement		
Strike benefits			Other retirement income from a federal, state, or local governmental agency		
Loans, gifts, contributions			Other non-government retirement income		
Legal or insurance settlements/ court actions pending			Per capita payments		
Sales of notes, contracts, trust deeds, promissary notes			Winnings (gambling/lottery/bingo, prizes, etc.)		
Military allotment or pension			Other (Explain)		

COUNTY USE ONLY

- Casualty Unit Notified
- CWC 6041
- DHS 6155
- Verif(s) on File
Explain Anticip. Income
- Workers Comp:
 - Temporary
 - Permanent

If "YES", complete below:

NAME	SOURCE	(AMOUNT RECEIVED BEFORE DEDUCTIONS)	WHEN	HOW OFTEN
		\$		
		\$		

(✓) if exempt

CA	FS	MC

CA B. Does anyone expect a change in the amount of money received now, such as a cost-of-living raise?

FS If "YES", complete below:
MC

YES NO

NAME	WHAT	AMOUNT \$	WHEN

CA (29) Does anyone get housing or rent, utilities, food or clothing free or in exchange for work?

FS If "YES", complete below and check (✓) if free or in exchange for work:
MC

YES NO

ITEM RECEIVED	Free	For Work	WHO RECEIVES THE ITEM	VALUE	WHO PROVIDES THE ITEM
Housing or rent				\$	
Utilities				\$	
Food				\$	
Clothing				\$	

In-Kind Income:

Verif. on file: YES NO

Partial	Full	Earned	Unearned

CA (30) A. Does anyone own or is anyone buying real estate, such as land and/or buildings anywhere, including outside the U.S.?

FS If "YES", complete below. Include land and/or buildings in which the title is shared.
MC

YES NO

TYPE (LAND, CONDO, APARTMENT, HOUSE)	HOW DO YOU USE THIS PROPERTY? CHECK (✓)	YES	NO	OWNER(S)	ADDRESS OR LOCATION	AMOUNT OWED	RENTAL INCOME
	LIVE IN IT					\$	\$
	RENTAL PROPERTY						
	OTHER (EXPLAIN):						
	LIVE IN IT					\$	\$
	RENTAL PROPERTY						
	OTHER (EXPLAIN):						

Home Exempt YES NO

Other Real Property
Market Value \$
Amount Owed \$
Net Value \$
Lien Applicable YES NO
Listed for sale YES NO

Home Exempt YES NO

Other Real Property
Market Value \$
Amount Owed \$
Net Value \$
Lien Applicable YES NO
Listed for sale YES NO

CA B. Does anyone own a house that is not lived in now that he/she hopes to return to someday?

FS If "YES", complete below:
MC

YES NO

OWNER OF PROPERTY	PROPERTY ADDRESS	EXPECTED DATE OF RETURN (IF KNOWN)

Total countable property: Page 7 (List totals on page 9)

CA	\$
FS	\$
MC	\$

CA 31 A. Does anyone, including children, have any of the following personal or business-related resources? Check (✓) each item either "YES" or "NO".
 FS MC Include all resources owned, used, controlled, shared or held jointly with any person(s) (even for convenience only). The county will determine whether or not these resources count.

	YES	NO		YES	NO
Cash (on hand or elsewhere)			Trust funds (whether or not available)		
Uncashed checks (on hand or elsewhere)			Notes, mortgages, deeds of trust, contracts of sale, etc.		
Savings accounts - children's and adult's			IRA or Keogh plans, etc.		
Checking accounts - whether or not they are used			Retirement funds which are available if you stop work (such as PERS, etc.)		
Credit union accounts			Employee deferred compensation plans		
Stocks, bonds, certificates of deposit, money market accounts, etc.			Life insurance or annuity		
Oil, mining, or mineral rights			Life estate interest in any property		
Burial trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items			Long term care insurance		
Income tax refund			EBT cash balance from a previous month		
			Other (explain)		

IF "YES", COMPLETE BELOW:

RESOURCE	BUSINESS-RELATED	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$

CA B. Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.? YES NO
 FS MC If "YES", complete below:

NAME	SOURCE OF MONEY	AMOUNT	HOW OFTEN	BUSINESS-RELATED
		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO

MC 32 Are there any liens recorded or did you sign a security agreement with a doctor, clinic, or hospital against any property owned by you or any family member that is used as security for health care services? YES NO
 If "YES", complete below:

LIEN OR SECURED AMOUNT	TYPE AND LOCATION OF PROPERTY	DATE AND TYPE OF MEDICAL CARE RECEIVED/TO BE RECEIVED	NAME OF PROVIDER
\$			
\$			

MC 33 A. Does anyone own any personal property, such as: YES NO

- Non-motorboats, camper shells, non-motor trailers.
- Guns; tools; or sporting equipment, etc.
- Pets or livestock for personal use.
- Jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.).

If "YES", complete below: Do not include wedding and engagement rings or heirlooms. List jewelry worth more than \$100 and household goods or personal items worth more than \$500 per item.

ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$

MC B. Does anyone have any business property, including tools, inventory and materials, business equipment, livestock, etc.? YES NO
 Include any property that is shared or held jointly with any other person(s). If "YES", complete below:

ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$

COUNTY USE ONLY

- Trust Fund/Not Court Ordered
- Court Petitioned Date _____
- Resource Verified: Explain how: _____
- Total Value = \$ _____
- Burial Reserve or Trust (MCO) Amount Owed \$ _____
 - Revocable
 - Irrevocable
 - Designated Fund and Current Value \$ _____
- CA Restricted Account

Check (✓) if exempt

CA	FS	MC

- Verified: YES NO
- Lien Applicable: YES NO
- Security Agreement: YES NO
- MC 174 completed and sent: YES NO

- Owned Jointly
- Owned Separately
- Personal Property \$500 + for Pickle Program
- Insignificant Value for 1931(b)
- Listed for sale (Specify): _____

Total Countable Property: Page 8
 (List totals on Page 9)

CA \$ _____
 FS \$ _____
 MC \$ _____

Listed for sale (Specify): _____

CA MC FS 34 Has anyone sold, spent, traded, transferred, or given away any real property, such as a house or land; or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement, or anything else? (List any property sold or traded within the last 12 months for cash aid, 3 months for food stamps, and within the last 2 1/2 years (30 months) for Medi-Cal). If "YES", explain what and when: YES NO

COUNTY USE ONLY

Transfer of Assets:
 CA in last 12 months
 FS in last 3 months
 Medi-Cal in last 30 months

LTC ONLY
 Adequate Consideration
 Spenddown

Total Nonexempt Property \$

CA MC 35 Does anyone own, have the use of or have their name on the registration of any motor vehicle, such as: automobile, motorcycle, snowmobile, recreational vehicle, motorboat, etc., even if not running? If "YES", complete below. Look at your registration to get facts for each vehicle: YES NO

	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
OWNER OF VEHICLE						
NAME OF PERSON WHO USES VEHICLE						
YEAR/MAKE/MODEL						
LICENSE NUMBER						
ESTIMATED VALUE	\$		\$		\$	
BALANCE OWED	\$		\$		\$	
LICENSED	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
LEASED	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DO YOU USE THE VEHICLE? Check (✓) each item "YES" OR "NO."						
	YES	NO	YES	NO	YES	NO
As a Home						
To go to work or training or for job search						
For self-employment, self-support, or business use						
Needed for disabled household member						
To get household's fuel or water						
For recreational use only						

Compute Vehicle Valuation in Section Below:

Verifications viewed
 Leased vehicle:
 (1) (2) (3)
 Pickle Program:
 Use Pickle Handbook (Reference Section 9)

Vehicle Value
 (Enter Date of blue book issue or other documentation)

(1) Date: _____ \$ _____
 (2) Date: _____ \$ _____
 (3) Date: _____ \$ _____

COUNTY USE ONLY - VEHICLES

(C) Fair Market Values-CA

CASH AID	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member? (63-501.521)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Exclude) Go to (B).		<input type="checkbox"/> YES <input type="checkbox"/> NO (Exclude) Go to (B).		<input type="checkbox"/> YES <input type="checkbox"/> NO (Exclude) Go to (B).	
(B) (1) Equity: exempt one vehicle, regardless of use. (63-501.523) [If "YES", go to (C). If "NO", go to (B)(2).]	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(2) Is other vehicle(s) used for job search, employment or training?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (C). Use Excess Value.	<input type="checkbox"/> NO <input type="checkbox"/> YES Go to (C) and (D). Use Greater Value.	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (C). Use Excess Value.	<input type="checkbox"/> NO <input type="checkbox"/> YES Go to (C) and (D). Use Greater Value.	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (C). Use Excess Value.	<input type="checkbox"/> NO <input type="checkbox"/> YES Go to (C) and (D). Use Greater Value.

FMV			
Minus	Minus	Minus	Minus
	\$4,650	\$4,650	\$4,650
Excess Value			

(D) Equity Values-CA

FMV			
Minus Encumbrance			
Equity Value			

MEDI-CAL

	(1)	(2)	(3)
DMV/YR/Class Code	_____	_____	_____
Vehicle Market Value	\$ _____	\$ _____	\$ _____
Less Encumbrances	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Exempt	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

TOTALS: VEHICLE CA
 Excess Value \$ _____
 Equity Value \$ _____

Grand Total Countable Property
 (List totals from pages 7, 8, and 9)

Page	CA	FS	MC
(9)	\$ _____	\$ _____	\$ _____
(8)	\$ _____	\$ _____	\$ _____
(7)	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Pickle Program (Ref. Sec. 9 in Pickle Handbook):	(1)	(2)	(3)
Is vehicle used:	Exempt	Yes No	Yes No
As a home			
For self-employment			
To Go to Work or Medical Appointment			

CA **36** **A. Does anyone have any housing costs?** **YES** **NO**
FS If "YES", complete below:

COUNTY USE ONLY

HOUSING COSTS	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Rent	\$	\$	\$	
House (mortgage) payment	\$	\$	\$	
Property taxes (if not in house payment)	\$	\$	\$	
Insurance (if not in house payment)	\$	\$	\$	
Other (explain)	\$	\$	\$	

Housing verified: YES NO

Total housing: \$ _____

Shared housing: YES NO

CA **B. Does anyone else pay all or part of these housing costs? Include a relative or friend not living in the home, any rental assistance programs, such as HUD, Section 8, etc.** **YES** **NO**
FS If "YES", complete below:

TYPE OF HOUSING COST	NAME OF PERSON WHO PAYS	HOW MUCH EACH PAYS	HOW OFTEN BILLED
		\$	
		\$	

FS **37** **A. Does anyone have any utility costs?** **YES** **NO**
 If "YES", please check all boxes below that apply.

Gas		Garbage or trash	
Electricity		Sewer	
Other fuel (such as propane, butane, wood, coal, etc)		Telephone/other means of communication, such as internet, etc.	
Water		Other (explain)	

Utilities verified: YES NO

Verification not required

FS **B. Do you use gas, electricity or other fuel for heating or cooling?** **YES** **NO**
 If "YES", please check below.

Utility allowance

- SUA
- LUA
- TUA
- None allowed

UTILITY	USED FOR HEATING OR COOLING?
Gas	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electricity	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Fuel	<input type="checkbox"/> YES <input type="checkbox"/> NO

FS **38** **You can authorize someone else in your household or someone outside your household to use your food stamp benefits to buy food for you. If you would like to authorize someone, complete below:**

F.S. I.D. Issued

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		()

CA MC 39 Did anyone get medical/pregnancy treatment this month or in the three months before this month? YES NO

If "YES", complete below:

NAME OF PERSON RECEIVING CARE	MONTHS OF CARE	PAYMENTS MADE FOR CARE		DO YOU WANT MEDICAL FOR THOSE MONTHS?	
		YES	NO	YES	NO

COUNTY USE ONLY

Retroactive Application

- Retro Only
- Retro and Cont.
- MC 210A

CA FS MC 40 Does anyone have MEDICARE coverage? YES NO

If "YES", complete below:

PERSON COVERED	MEDICARE CLAIM NUMBER	FOR	HOW MONTHLY PREMIUM IS PAID		
			DEDUCTED FROM CHECK	OUT OF POCKET	OTHER
		Part A			
		Part B			
		Part A			
		Part B			

MEDICARE referral

- FS: DFA 285-C
 Gross Premium \$ _____
- QMB
 - SLMB/QI
 - QDWI

CA MC 41 Does anyone have health, dental, vision, hospitalization or Long Term Care insurance or health plans, such as Kaiser, Blue Cross, CHAMPUS, etc.? YES NO

If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

State Certified LTC Policy: YES NO

DHS 6155

Benefits Paid Out \$ _____

CA MC 42 Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for? YES NO

If "YES", complete below:

INSURANCE COMPANY	PERSON TO BE INSURED	PREMIUM AMOUNT	HOW OFTEN PAID
		\$	
		\$	

DHS 6155

CA MC 43 Is anyone's health insurance expected to end or has it ended within the last 60 days? YES NO

If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

DHS 6155

CA MC 44 Does anyone have a disability caused by injury or accident which makes it difficult for them to work or take care of their needs? YES NO

If "YES", complete below:

NAME OF PERSON	TYPE OF PROBLEM	DATE PROBLEM STARTED	EXPECTED DATE OF RECOVERY

Third Party Liability

CA FS 45 A. Does anyone have a medical condition(s) or situation(s) that requires any of the following? Check (✓) each item "YES" or "NO":

	YES	NO	Very high use of utilities	YES	NO
Special diet—prescribed by a doctor					
Special transportation need			Special laundry service		
Special telephone or other equipment			Other (specify):		
Housework (no one in the home can do it)					

Verified: YES NO

Special Need: YES NO

Amount: \$ _____

If "YES", explain:

CA FS MC B. Is there a child or disabled person in the household who needs care from another household member? YES NO

If "YES", explain:

CA MC C. Is anyone a disabled person who is working and who has medical expenses (wheelchair, etc.), which are needed for the person to be able to work? YES NO

If "YES", complete below:

NAME OF PERSON	TYPE OF EXPENSE	AMOUNT
		\$
		\$

- Receipts
- MC 272 MC 273

IRWE (QMB and SGA)

FS: DFA 285-C

CA FS D. Is anyone getting In-Home Supportive Services (IHSS)? YES NO

If "YES", who gets service? _____ How much do you pay each month? \$ _____

CA (46) Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden and unusual circumstances, such as an earthquake, fire, or flood? YES NO
 If "YES", explain below.

COUNTY USE ONLY

Special Need Verified	YES	NO
Eligible for Special Need		

CA FS (47) Is any member of the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? If "YES", give name of the person: YES NO

CA FS (48) Have you or any member of your household been convicted of a drug-related felony? If No, go to question 49. YES NO

If Yes, Name: _____ Date convicted: _____

Was the conviction for any of the following:

- Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana? YES NO
- Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities? YES NO

Have you or any member of your household:

- a) Completed a government recognized drug treatment program? YES NO
- b) Participated in a government recognized drug treatment program? YES NO
- c) Enrolled in a government recognized drug treatment program? YES NO
- d) Been placed on a waiting list for a government recognized drug treatment program? YES NO
- e) Ceased the use of controlled substances and have evidence that you have ceased? YES NO

If Yes, please explain: _____

FS convictions after 8/22/96
 CW convictions after 1/1/98

Qualifying Drug Felon?

Yes No

Meets felony conditions of eligibility?

Yes No

CA MC (49) The following services are available. Your answers to these questions will not affect your eligibility. Check (✓) each item "YES" or "NO."

YES **NO**

- A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.
 - Do you want more information about CHDP Services?
 - Do you want CHDP medical services?.....
 - Do you want CHDP dental services?
 - Do you need help making appointments or with transportation to CHDP services?
- B. Do you want more information about immunization services?.....
- C. If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?
- D. Are you breastfeeding a child?
 If "YES", have you given birth within the last 12 months?.....
 If you checked "YES" to (49) C or D, you may be eligible for services provided by the Special Supplemental Food Program for Women, Infants and Children (WIC).
- E. Do you or any family member want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.

- CHDP Brochure and Explanation Given
Date: _____
- CHDP Referral
- Social Services Referral (MCO)
- Referred for Immuniz.
- Pregnant Parent or Guardian of child under 5
- Breastfeeding Postpartum
- WIC referral
- Family Planning Information Given
- Referred Date:

CERTIFICATION

I understand that:

- Any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, school attendance, etc. And for cash aid and food stamps, records will be matched with law enforcement agencies for arrest warrants.
- All facts, including benefit and income facts, I gave may be reviewed and checked out by county, state, and federal personnel, and that if I gave wrong facts, my cash aid, food stamps, and Medi-Cal may be denied or stopped.
- My case may be picked for reviews to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.
- The county will send facts to the U.S. Citizenship and Immigration Services (USCIS) (Formerly INS) to verify immigration status and the facts the county gets from USCIS may affect my eligibility for cash aid, food stamps, and full Medi-Cal. But if I am applying for Medi-Cal Only, AND if I am not (a) a lawful permanent resident noncitizen (LPR), (b) an amnesty alien with a valid and current I-688, or (c) a noncitizen permanently residing in the United States under color of law (PRUCOL), the county will not send facts to the USCIS.
- I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.
- I or other family members will be required to repay any cash aid I should not have received.
- The Food Stamp household, any adult member of a Food Stamp household (even if he/she moves out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- Any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of their parole or probation cannot get cash aid or food stamps.
- Any household member who has been convicted after August 22, 1996 of a drug-related felony for possession, use, manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.
- For cash aid and food stamp benefits, the county will require that I and certain household members be fingerprint and photo imaged. My benefits may be denied or stopped if I do not cooperate.

I also understand that:

I will get disqualification and/or welfare fraud penalties if on purpose I give wrong facts or fail to report all facts or situations that affect my eligibility or benefits for cash aid, food stamps, and Medi-Cal.

For cash aid:

- If I on purpose do not follow cash aid rules, I may be fined up to \$10,000 and/or sent to jail/prison for 3 years. And my cash aid can be stopped:
 - For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third; and for Refugee Cash Assistance, 3 months for the first and 6 months for any later offense.
 - For submitting one or more applications to get aid in more than one case at the same time: 2 years for the first conviction, 4 years for the second, or forever for the third.
 - For conviction of felony thefts to get aid: 2 years for theft of amounts under \$2000; 5 years for amounts of \$2000 through \$4999.99; and forever for amounts of \$5000 or more.
 - For giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county false proof for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing: forever.

For food stamps:

- If on purpose I do not follow food stamp rules, my food stamps will be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And I may be fined up to \$250,000 and/or sent to jail/prison for 20 years.
- If I am found guilty in any court of law because:
 - I traded or sold food stamp benefits for firearms, ammunition, or explosives, my food stamp benefits can be stopped forever for the first violation.
 - I traded or sold food stamp benefits for controlled substances, my food stamp benefits can be stopped for 24 months for the first violation and forever for the second.
 - I traded or sold food stamp benefits that were worth \$500 or more, my food stamp benefits can be stopped forever.
 - I filed two or more applications for food stamp benefits at the same time and gave the county false identity or residence information, my food stamp benefits can be stopped for 10 years.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

SIGNATURE (PARENT OR CARETAKER RELATIVE, MEDI-CAL APPLICANT, ADULT FOOD STAMP HOUSEHOLD MEMBER OR FOOD STAMP AUTHORIZED REPRESENTATIVE)			DATE
SIGNATURE (OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)	DATE	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT/BENEFICIARY	DATE

COUNTY USE ONLY																					
ELIGIBILITY FACTORS REVIEWED						ELIGIBILITY FACTORS REVIEWED						FOOD STAMP TESTS									
		CA		FS		MC				CA		FS		MC							
		YES	NO	YES	NO	YES	NO			YES	NO	YES	NO	YES	NO	YES	NO	NA			
Residency								Property/Resources—Within limits										Categorically Eligible			
Deprivation								Work participation										Gross Income Test			
Age								FSET										Household Size			
Immunizations								ABAWDs										Gross Monthly Income \$			
Citizen/Eligible noncitizen								CFAP										Gross Income Eligible			
School enrollment								Sponsored noncitizen										Separate HH Income Test			
Pregnancy verif./ WIC Referral	/	/						Federal participation established (If "NO", explain)										Household Size			
SSN								Referred for Health Care Options (HCO) Presentation										Gross Monthly Income \$			
Income—Applicant/Recipient test(s)																		Eligible for Separate HH Status			
SFIS																		Aged/Disabled			
TANF Time Limits																		DFA 285-C			
CalWORKs Time Limits																					

COMMENTS

AU Size:	Non-AU Size:	AU/MFBU Size:
<input type="checkbox"/> INELIGIBLE (REASON)		
<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> REDETERMINATION	<input type="checkbox"/> DIVERSION <input type="checkbox"/> EXEMPT MAP	AUTHORIZATION DATE
ELIGIBILITY CONDITIONS MET (DATE):		EFFECTIVE DATE
WORKER'S SIGNATURE		DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)		DATE

FS:	HH Size:
<input type="checkbox"/> INELIGIBLE (REASON)	
<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> RECERTIFICATION	AUTHORIZATION DATE
<div style="background-color: #cccccc; height: 20px;"></div>	
WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)	DATE